



August 28, 2019

Announcement 1960

Attention Provider Type 20 (Physician, M.D., Osteopath, D.O.):

Rates for Surgical Procedure Codes Updated

Effective with claims processed on or after August 21, 2019, the rates for surgical procedure codes billed by provider type 20 (Physician, M.D., Osteopath, D.O.) have been corrected in the Medicaid Management Information System (MMIS) to reflect the new 2019 rates. Claims with dates of service on or after January 1, 2019, may have paid at the incorrect rate. The following surgical procedure codes are impacted:

CPT Code	Code Description
10004	Fine needle aspiration biopsy, without imaging guidance; each additional lesion
10005	Fine needle aspiration biopsy, including ultrasound guidance; first lesion
10006	Fine needle aspiration biopsy, including ultrasound guidance; each additional lesion
10007	Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion
10008	Fine needle aspiration biopsy, including fluoroscopic guidance; each additional lesion
10009	Fine needle aspiration biopsy, including CT guidance; first lesion
10010	Fine needle aspiration biopsy, including CT guidance; each additional lesion
11102	Tangential biopsy of skin (e.g., shave, scoop, saucerize, curette); single lesion
11103	Tangential biopsy of skin (e.g., shave, scoop, saucerize, curette); each separate/additional lesion
11104	Punch biopsy of skin (including simple closure, when performed); single lesion
11105	Punch biopsy of skin (including simple closure, when performed); each separate/additional lesion
11106	Incisional biopsy of skin (e.g., wedge) (including simple closure, when performed); single lesion
11107	Incisional biopsy of skin (e.g., wedge) (including simple closure, when performed); each separate/additional lesion
27369	Injection procedure for contrast knee arthrography or contrast enhanced CT/MRI knee arthrography
33285	Insertion, subcutaneous cardiac rhythm monitor, including programming
33286	Removal, subcutaneous cardiac rhythm monitor
36572	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; younger than 5 years of age
36573	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; age 5 years or older
43762	Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; not requiring revision of gastrostomy tract
43763	Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; requiring revision of gastrostomy tract
53854	Transurethral destruction of prostate tissue; by radiofrequency generated water vapor thermotherapy

Claims with dates of service on or after January 1, 2019, and processed on or before August 21, 2019, will be automatically reprocessed to adjudicate the claims with the correct 2019 rate. The impacted claims do not need to be resubmitted or appealed. A future web announcement will notify providers when the claims are reprocessed.